

EXHIBIT A

OMB No. 1615-0102; Expires 01/31/2015

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form G-639, Freedom of Information/Privacy Act Request

NOTE: Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.

START HERE - Type or print in black ink. Read instructions before completing this form.

1. Type of Request (Check appropriate box. **NOTE:** If you are filing this request for records on behalf of another individual, please respond to Number 1 as it would apply to that individual.)

- ☐ Freedom of Information Act (FOIA): I am not a U.S. citizen/Lawful Permanent Resident and I am requesting my own records.
- ☐ Freedom of Information Act (FOIA): I am a U.S. citizen/Lawful Permanent Resident and I am requesting documents other than my own records.
- ☐ Privacy Act (PA): I am a U.S. citizen/Lawful Permanent Resident and I am requesting my own records.
- ☐ Amendment of Record (PA only): I am a U.S. citizen/Lawful Permanent Resident and I am requesting amendment of my own records.
- ☐ Other: _____

2. Description of Record(s) Requested:

NOTE: While you are not required to respond to all items in Number 2, failure to provide complete and specific information as requested may result in a delay in processing or an inability to locate the record(s) or information requested.

☐ Complete Alien File (A-File)

☐ Other (please specify): _____

Purpose: (Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the record(s) needed to respond to your request.)

Family Name (Last Name)				Given Name (First Name)		Middle Name	
Other Names Used (if any)			Name at time of entry into the U.S.			I-94 Admission #	
Alien Registration Number (A#)		Petition or Claim Receipt #		Country of Birth		Date of Birth (mm/dd/yyyy)	

Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):

Family Member's Name: Given Name (First Name)		Middle Name		Family Name (Last Name)		Relationship	
Father's Name: Given Name (First Name)		Middle Name		Family Name (Last Name)			
Mother's Name: Given Name (First Name)		Middle Name		Family Name (Last Name, including Maiden Name)			
Country of Origin (Place of Departure)			Port of Entry Into the U.S.			Date of Entry (mm/dd/yyyy)	
Manner of Entry (Air, Sea, Land)				Mode of Travel (Name of Carrier)			

3. Subject of Record Consent to Release Information *(Must be signed by the subject of record(s) requested.)***By my signature, I consent to allow USCIS to release to the requester named in Number 5 (Check applicable box):**

- ☐ All of my records ☐ A portion of my records *(If a portion, specify below what part, i.e., copy of application.)*

Print Name of Subject of Record _____

Signature of Subject of Record _____

Date (mm/dd/yyyy) _____

- ☐ Deceased Subject - **Proof of death must be attached** *(Obituary, Death Certificate, or other proof of death required)*

4. Verification of Identity *(Required; Fill out all that apply.)*

Name of Subject of Record <i>(First, Middle, Last)</i>		Daytime Telephone	E-mail Address
Address <i>(Street Number and Name)</i>		Apt. Number	
City	State	Zip Code	
Date of Birth <i>(mm/dd/yyyy)</i>	Place of Birth		

The Subject of Record must provide a signature under either a Notarized Affidavit of Identity or a Sworn Declaration Under Penalty of Perjury:

- ☐ Notarized Affidavit of Identity

Signature of Subject of Record _____

Date (mm/dd/yyyy) _____

Subscribed and sworn to before me this _____ day of _____ Telephone No. _____

Signature of Notary _____ My Commission Expires on _____

OR

- ☐ Sworn Declaration Under Penalty of Perjury

Executed outside the United States

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Signature of Subject of Record _____

Executed in the United States

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct."

Signature of Subject of Record _____

5. Requester Information**By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$25 (See instructions)**

Signature of Requester: _____

Name of Requester <i>(Fill out if different from the Subject of Record.)</i>		Daytime Telephone	E-mail Address
Address <i>(Street Number and Name)</i>		Apt. Number	
City	State	Zip Code	